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Bib Data Sheet

CONFIRMATION NO. 37.

SERIAL NUMBER 09/718,385	FILING DATE 11/24/2000 RULE	CLASS 345	GROUP ART UNIT 2173	ATTORNEY DOCKET NO. 024944-123	
APPLICANTS Bengt Engstrom, Molnlycke, SWEDEN; Leif Lewinschal, Angered, SWEDEN; Magnus Rydin, Amsterdam, NETHERLANDS;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/20/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY SWEDEN	SHEETS DRAWING 6	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Signature _____ Initials _____					
ADDRESS 21839					
TITLE Information support system					
FILING FEE RECEIVED 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 3753

SERIAL NUMBER 09/718,385	FILING DATE 11/24/2000 RULE	CLASS 345	GROUP ART UNIT 2173	ATTORNEY DOCKET NO. 024944-123
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APPLICANTS

Bengt Engstrom, Molnlycke, SWEDEN;

Leif Lewinschal, Angered, SWEDEN;
Magnus Rydin, Amsterdam, NETHERLANDS;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 6	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

ADDRESS

21839
BURNS DOANE SWECKER & MATHIS L L P
POST OFFICE BOX 1404
ALEXANDRIA, VA
22313-1404

TITLE

SYSTEM AND METHOD FOR PROVIDING INFORMATION REGARDING MOUNTING, DISMOUNTING AND SERVICING A BEARING OR A SEAL

FILING FEE RECEIVED 1386	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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